

RESIDENTIAL DELIVERY INDICATOR (RDI) ORDER FORM

CUSTOMER INFORMATION

(Required)

Attention: _____

Company Name: _____

Address: _____

City: _____ State: ZIP+4®: _____

Phone: (____) _____ FAX: (____) _____

Salesperson: _____ Phone: (____) _____

Email: _____

MAILING INFORMATION

(If different from above)

Attention: _____

Company Name: _____

Address: _____

City: _____ State: ZIP+4®: _____

Phone: (____) _____ FAX: (____) _____

I request that my certification be maintained in US Postal Service documents and records as (select **one**):

Integrator/Manufacturer

I am applying for:

Manufacturer Certification (Software/Hardware)

All information furnished on this application is complete and correct. The responses provided on the Residential Delivery Indicator (RDI) Stage II certification file will be obtained using the same configuration used for processing customer/client address files. Any modification to the software or the configuration used to process the Stage II file will require recertification prior to use or release. The RDI Stage II file will be processed in-house with company-owned or leased software/hardware. All answers will be written to the Stage II file via batch processing without manual intervention. The software used to process the RDI Stage II file contains technology that disables access to outdated U.S. Postal Service® data in accordance with **Domestic Mail Manual** (DMM) A950. When used interactively, this product does not allow automated selection of an individual record from a list of multiple candidates. Users of this software are advised that any modification voids RDI certification.

RDI certification scores are confidential information and the applicant agrees not to disclose scores achieved on their passing test for the purpose of marketing their software or hardware product.

I have read and understand the requirements above and realize that any misrepresentation or failure to comply with these requirements will result in decertification.

Company Official Signature (Required)

Name (please print)

Signature

Date

NCSC USE ONLY

Customer #: _____ Date: _____ PRDT Code: _____

PRODUCT INFORMATION

(Required)

Applicants **MUST** return a facsimile PS Form 3553 or FTP or email an electronic version in the header record with the Stage II certification file/test deck.

RESIDENTIAL DELIVERY INDICATOR (RDI) SOFTWARE

1. Specify Stage type:

Stage II

2. For geographic type, select one only.* (If state or area, please specify):

Full

3. Media Configuration Code (please choose from media configuration table at bottom of form):

4. Fill in all software information:

_____ Product Title _____ Version #*** _____ Configuration _____ Platform

* Applies only to address-matching software

** Applies only to Merge files

*** Refer to Appendix 2, "CASS Version Control," for a list of version numbers

MEDIA CONFIGURATIONS TABLE

Code	Description	Code	Description
E	Cartridge IBM 3480 38K	I	Internet
K	Cartridge IBM 3490E 38K		

(Note: For internet/FTP service, call the CASS Department at 800-642-2914)

MAIL OR FAX FORM TO

CODING ACCURACY SUPPORT SYSTEM
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
6060 PRIMACY PKWY STE 201
MEMPHIS TN 38188-0001
TELEPHONE: 800-642-2914
FAX NUMBER: 901-681-4440